

Division of Public and Behavioral Health

2/25/15 Acceptable POC -
P. E. King, MD

PRINTED: 01/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS6083AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2015
NAME OF PROVIDER OR SUPPLIER AS TIME GOES BY 5		STREET ADDRESS, CITY, STATE, ZIP CODE 4149 JORY TRAIL LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted in your facility on 1/21/14. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category 2 residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 997 SS=F	449.2756(1)(f)(3) Alzheimer's Facility-Yard fenced NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (3) Is fenced.	Y 997		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
STATE FORM

6899

Q3EV11

TITLE

[Signature]

(X6) DATE

2/18/2015

RECEIVED If continuation sheet, 1 of 2

FEB 25 2015

BUREAU OF HEALTHCARE
QUALITY & COMPLIANCE
LAS VEGAS, NV

Division of Public and Behavioral Health

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Y 997	<p>Continued From page 1</p> <p>All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure an exit gate in an Alzheimer's endorsed facility was secured.</p> <p>Findings include:</p> <p>On 01/06/15, a gate for a drive way which allowed access to the street from the back yard was left open and unlocked with no staff members present.</p> <p>On 01/06/15, Employee #3 indicated other staff members had been gathering holiday decorations from other facilities and loading them into the storage shed located on this property. Two staff members were inside a shed in the area and not within the line of vision of the unsecured gate.</p> <p>Severity: 2 Scope: 3</p>	Y 997	<p>1) Anyone entering back gate must immediately lock it.</p> <p>2) Educate all people entering gate to immediately lock gate to prevent residents from exiting</p> <p>a) all caregivers were educated</p> <p>b) adm/caregivers to monitor</p> <p>3) 1/16/2015 monitoring is on going</p>	

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If continuation sheet 2 of 2